THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 131. | PHILADELPHIA, APRIL 23, 1859. | NEW SERIES, VOL. II. NO. 4.

Original Communications.

REGIONAL ANATOMY
IN ITS
RELATIONS TO MEDICINE
AND
SURGERY.

By D. HAYES AGNEW, M. D.,
Lecturer on Anatomy; Surgeon to Philadelphia Hospital, etc.

No. 2.

Cranial Region continued—Alterations of Form.—In addition to the instances already mentioned, certain changes in form result from preternatural development of the brain, in particular directions, or a deficiency in the development of some of its parts. As examples of both these conditions, Figures 7 and 8, taken from skulls in my possession, are good illustrations. In the former, the antero-posterior developments of the cerebral lobes are very great, while in the latter, the occipital bone on one side is very much sunken in consequence of the imperfect condition of the cerebral hemisphere corresponding to that portion.

Fig. 7.

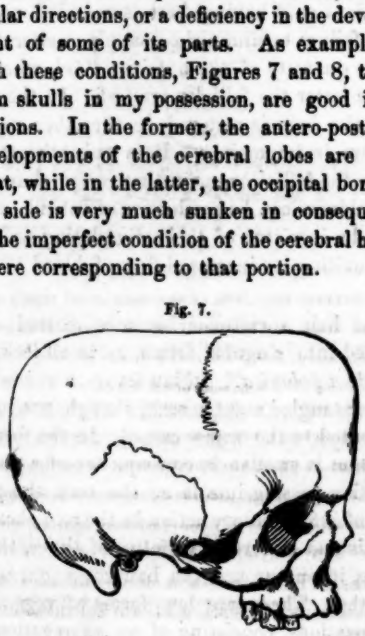


Fig. 8.

Anomalies of Development.—For the comprehension of monstrosities, the laws of embryonic development must be studied. Every fractional part of an organ, in its development, passes through a regular and uniform series of transition forms, until its maturity is attained. The organ itself, therefore, is the integral product or expression of the totality of such matured elements. The operation of those laws which determine the *kind* and *time* of evolution being habitual repetitions, we are enabled to speak of the operations of nature being conducted on a *plan* or after a *type*. An organization is therefore natural so long as all its parts have passed their normal stages in their proper relation of *proportion* and *time*. If the plan is departed from, or there be fractional arrests, it is then a *lusus naturæ*, or monstrous product. A large number, therefore, of these unnatural formations are unnatural *and out of place, because they are out of time.* Such as are cited below are simple arrests of development. The formation of the cranium takes place from below upwards, or from base to crown. The base, and a portion of the sides are cartilaginous, but the arch is membranous, and when ossification pursues a normal course, it advances in the same manner, finally meeting at the median line, where union is longest

delayed; the fontanelles being the last portions of the membrane to disappear. If the withdrawal of developmental force occurs when the base should be formed, it is an *acephalous* fœtus, or a headless monster. If it should occur at a height where the primordial membrane should begin, it is *acrania*, or monstrous in having no vault; and if still higher, it is called *anencephalus*. Through these clefts the brain will sometimes project, forming a hernia cerebri, or encephalocele. These defects in the cranial walls are necessitated by defects of development in the brain, and are generally associated with anomalies in the thorax and its contents, and to a certain extent likewise in the abdominal viscera.

Scalp.—Stretched over the cranial skeleton which has been described, is the *scalp*, the elements of which are the *hair*, *skin*, and *glands*, *connective*, *adipose*, *musculo-aponeurotic* and *subaponeurotic tissues* together with *blood vessels* and *nerves*, all of which are separated from the bones by the periosteum, called from its locality the *pericranium*. When the fingers are passed over the scalp, the impression communicated is very deceptive, leading us to suppose it to be quite thin, when, on the contrary, it is a structure of considerable depth and great density. Over the anterior part of the superior and lateral regions, its density is least, and while it moves freely over the whole cranium, that mobility is greatest over the forementioned regions.

Hair.—This is both ornamental, protective and defensive. Its influence in diminishing the effects of blows applied to the head is by no means unimportant. Especially must this be the case in the negro, where it forms so dense and considerable a matting. It presents various modifications to correspond to the different circumstances in which animals are placed. Thus we have the feathers and down of birds, the fine, close fur of animals, especially in northern latitudes, so much in demand, the bristles of some, scales of others, and in the porcupine and hedgehog the spines and quills, constituting a formidable armor of defence. Over the lower part of the temple, immediately above and behind the ears, it is not present; so, also, upon the anterior region. The extent to which it descends over the last part determines the height of the forehead. As age advances, the hairs disappear from the superior part of the scalp. Why this region should be more prone to baldness than the others, is probably to be explained in the fact of the adipose constituent, which serves as a soft bed for the follicles, their blood vessels and nerves, first diminishing here. This corresponds to the statement of Bichat.

The fat once disappearing in amount, the superimposed skin is tightly stretched over the bones, thus compressing the blood vessels, and producing a feeble capillary circulation. That females should retain their hair, even to extreme old age, results from the fatty parts of the scalp, as of all other portions, being in greater abundance than in the male. In some, inflammatory affections of the scalp, as erysipelas, or in fevers attended by great depression of the vital powers, etc., the hair frequently falls out. The baldness, however, in such cases, differs from that occurring as a result of old age. In the former cases (at least generally speaking) the formative pulp remains, its functions only having been suspended either from failure or diminished supply or alteration in the quantity of the nutritive fluid, whereas in the latter the follicles are lost. In the one case the hair is restored, in the other reproduction is impossible. It is only, therefore, where the follicles remain that remedial agents for baldness can be productive of benefit. This they do in virtue of their stimulating properties inviting an increased flow of blood to the hair.

The hair sometimes becomes matted and tangled into singular forms, as in elf-lock, or the *plica polonica*. In low fevers, a somewhat similar tangled state is seen, though not to be attributed to the same cause. In the former the stem is swollen in consequence of a viscid secretion passing into it at the root, the product of inflammatory action in the root sheath. In this and in certain varieties of *favus*, there exists, in and around the hair roots, *parasitic* growths. These are low forms of vegetable organizations, consisting of an aggregation of

spores by which they are propagated, by some ascribed as the cause, by others a consequence of the forementioned affections.

Fig. 9.

Typical form of vegetable parasitic growth.

Their existence, however, forms one of the causes of its falling out. Sometimes the hair stems are found broken, and their extremities rounded or bulbous, from an accretion accumulating there reaching it through the centre of the stalk; it indicates disease in the follicle. At other times, the stalks are seen to split into numerous filaments, each one presenting a brush-like appearance. This is a mere separation of the fibres of which the shafts are composed.

Fig. 10.

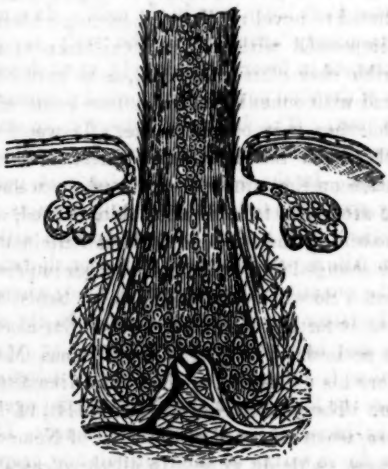


Figure 10, being a section of a portion of a hair shaft from the head, with its matrix and sebaceous follicles, will exhibit a view of its structure sufficiently clear for the explanation of the affections mentioned. The exterior will be seen to be dense with serrations on the surface, indicating the overlapping of the superficial cells, and may be called the cuticle. Internal to this is the cortical portion, made up of fibres, with attached nuclei; and in the center is the medulla, sometimes filled with air and sometimes with numerous granules, the entire structure being formed from elongated cells. The color is due to an intermixture of pigment granules. The same cut also exhibits the root implanted in a sheath of inverted skin, at the bottom of which is the formative pulp, with its blood vessels and nerves, and higher up, opening into the root sheath, two sebaceous glands, which are very numerous in the structure of the scalp. The hair forms the favorite resort for the *pediculus capitis*, (head louse,) the *pou de la tête* of the French. When Mr. Derham examined a hair with the microscope, and saw the central part, or medulla, he was led to believe that each one became a little canal to remove humors from the body.

Hair Pulp.—This consists, as seen in Fig. 10, of blood vessels and nerves, united by delicate filaments of connective tissue, and covered by a basement membrane, it is the source of the blastema out of which are developed those round cells seen immediately above, and which are afterwards transformed into the elongated fibres. The drops of blood which sometimes follow the plucking out of the hair, come from the violence done to these capillaries; the soreness at the roots of the hair, often complained of, is explained by pressure on these nerves, either from inflamatory exudation, or congestion of the pulp.

Color of the Hair.—This is due to an intermixture of pigment particles. Its coarseness is determined somewhat by the color. Occasionally a small lock will be seen amidst the general mass, singular from the contrast in color, as in a child which I saw a few days ago, having a scalp well covered with light colored hair, and in the midst a little tuft jet black.

The formation of pigment requires an energetic condition of the nervous and vascular systems. Any influences whatever which diminish the power of these, will be followed by the appearance of grey hairs. Persons therefore of a feeble constitution, or whose nervous systems have become shattered by disease, almost always exhibit these marks of premature age.

The shades of the hair are various, and among the earlier writers played a distinguished part in their description of temperaments. More mature observation has not sus-

tained such views, yet, that we may form some idea of the constitutional vigor of an individual from this source, I think may be safely affirmed. Red, light, and straight black hair, which last, if associated with a dusky hue of the skin, will be generally found associated with lympatic enlargements, and would therefore, even if not thus associated, make us cautious in enforcing too rigidly antiphlogistic measures. A short, thickly set and curly hair, of whatever color, will generally indicate strong physical developments, and great constitutional endurance. Red hair among the ancients was esteemed a favorite color for their warriors, hence Mars is represented with hair and beard of that hue, and, if we are to judge from the poems of Ossian, it was essential to beauty in either male or female.

Alteration in Color.—In old age it becomes of all intermediate shades, from silver-grey to complete whiteness; and it is difficult to imagine any thing so well calculated to inspire reverential respect and deference, as this crown of advanced life, and it is the grave deportment which generally accompanies it, that makes all attempts at youthful levity so ridiculous and repulsive. Thus the King to Falstaff in Henry IV.:

> "Fall to thy prayers—how ill
> White hairs become a fool and jester."

Close study favors the early appearance of grey hairs, probably by determining a concentration of blood to the brain, at the expense of the hair follicle. Strong mental emotions, those of a depressing character, as grief, fear or apprehension, produce the same result. Charles I., during his confinement in Carisbrook Castle, on the authority of Hume, became quite grey. Indeed, so common is this, that there are few who have not at some time or other seen similar cases. This fact is recognized by Byron, in his *Prisoner* of Chillon:

> "My hair is grey—but not with weight of years,
> Nor grew it white
> On a single night,
> As men's have grown, from sudden fears."

White hair in old persons has been known to drop out, and to be followed by brown. A case is recorded by Dr. Isoard, of a young woman whose hair, when she was attacked by a fever, changed from blonde to red, the original color being restored after recovery. Irritation of the skin will often be followed by change of its color, as after cases of circumscribed impetigo. Horse dealers frequently resort to an application of this knowledge, with a view to form a star on the forehead of the horse, by shaving off the hairs in a particular form, and applying a blister to the denuded surface; when it heals up the hairs will come out white. The same result is seen to occur on places where the harness or saddle may have chafed the animal.

There are not wanting well authenticated cases where this change has occurred in a few hours. It is related of a young girl greatly addicted to novel reading, whose mind became so impressed with the real existence of the terrible characters introduced, as to have been seized with convulsions, in a few hours after which her hair became white. It would be well if such instances would exert a salutary caution on the minds of our modern women, who are given to such miserable, wicked, and time-killing indulgences. Marie Antoinette's hair changed in a single night of her imprisonment. So when Mary, Queen of Scots, was brought forth to be executed, a similar change was noticed. The hair of Sir Thomas More, before his execution, underwent a like alteration. The moustache of Henry III., of Navarre, when he heard of the edict of Nemours, became suddenly grey. In all these cases we have probably the same causes operating, and the time being only the result of intensity. All depressing influences diminish the capillary circulation, and thus deprive the follicle of its nutriment. Or, as has been alleged, there may be induced such alterations in the quality of the blood as to act, by chemically destroying the pigment.

Erèction of the Hair.—In many animals, as the cat, dog, etc., etc., the bristling or erection of the hair is quite marked, there being a large amount of the smooth muscular element distributed over both the sebaceous and hair follicles. The same condition exists in the

human subject, but in a very subordinate degree, and probably under the pressure of great fear or terror an inconsiderable degree of movement may occur; at all events we meet with frequent reference to the supposed fact: thus Virgil says:

"Obstupui steteruntque comæ."

And again, Shakespeare:

"And each particular hair to stand on end,
Like quills upon the fretful porcupine."

I have been disposed to attribute this slight movement in man more to the elastic fibrous constituent of the derm than the muscular part, the sudden recession of the blood from the cutaneous surface allowing these fibres to shorten, and thus drag downward the hair root.

Post-mortem Growth.—It is quite a popular belief, that the hairs continue to grow for some time after death. Among other wonderful things related of Charles I., was the considerable growth of hair which covered his head when exposed in its sarcophagus, and which must have taken place after death. That the hair or beard may be longer after life has departed is doubtless true, and is produced, not by pushing out from the root, but by the retraction and shrinking of the skin. After the capillary circulation of the blood is suspended, there can be no plastic exudate for development, and, therefore, growth is impossible.

Indestructibility.—Its power to resist decay is a matter of common notoriety, no better illustrations of this fact can be cited, than the perfect preservation of the hair on the mummies which are occasionally exhibited.

Pliancy and Moistness.—This is produced by the oily secretion which is poured into the sheath from the sebaceous glands, (see Figure 10,) and forms a tolerably fair index of their functional activity. In febrile affections, where the secretions are disturbed or more or less suspended, we can understand why the hair should be so dry and rigid. In the same way may be explained similar conditions in advanced stages of phthisis, or any other disorder which may consume the fatty constituents of the body.

The hairs can be made very useful in wounds of the scalp, as a means of approximating and retaining the divided edges by separating small locks from the general mass at two or three points on either side, and tying them across. In the treatment of cutaneous affections of the scalp, of the vesicular or pustular class, its removal becomes imperative, in order to admit of the direct application of remedies, and to maintain perfect cleanliness; so, also, in the employment of blisters, and in diseases of the brain or its membranes, where the application of cold becomes a paramount object.

There are a great many curious facts connected with the hair which associate it with the ecclesiastical, civil and social polity of different nations. The ancient Jews allowed it to remain just as it grew, while the priests were obliged to clip it every two weeks while exercising the functions of the altar. Both sexes among the Greeks, a short time before their marriage, cut off their hair as an offering to their deities. Among the same people slaves were obliged to have theirs cut differently from citizens; it was termed θριξ ανδραποδης. Under the early kings of France to cut off the hair of a son would have rendered him inelligible to a crown. Among the early Christians several canons, even some of excommunication, were fulminated against wearing it long. The Puritans wore their's cropped short, while our North American Indians, and certain Eastern nations, leave a tuft on the top. Among the former, this custom very much facilitates the scalping operation, and with the latter affords an excellent gripe for the angel of the resurrection to bear them to a Mahomedan paradise.

The Cutaneous Surface.—In addition to the hairs which beset it, there are ducts of many sudoriparous glands opening upon its surface. The anterior portion of the superior region, between the eyebrows and the hair, is the *forehead*, which is sometimes marked off as a sub-division under the name of *Frontal*. Its great height or breadth, coexisting as it does with considerable developments of the anterior parts of the cerebral hemispheres, expresses intellectuality. Over the forehead transverse *wrinkles* are seen, and may be considered as

both *juvenile* and *senile*. The former are due to a gentle contraction of the occipito-frontalis muscle, and produce what is usually termed an open, cheerful and guileless expression. When these wrinkles are made deeper and closer by a more energetic contraction of the same muscle the expression becomes one of surprise. The senile wrinkles result from the inroads of age, caused by the diminution of the subcutaneous tissue and a loss of elasticity.

This surface is a favorite location for several cutaneous diseases. Thus we have *eczema capitis*, or, as it is vulgarly termed, tinea capitis, an inflammation attended with an effusion of serum, forming vesicles; or it may be an inflammation resulting in the formation of pustules, constituting *impetigo* (crusta lactea); or a rapid production of epithelial cells, forming *pityriasis*. The first two belong to childhood, and as they are prone to occur about the period of dentition, no doubt exert a salutary derivative influence from the brain and bowels.

Under the head of *Favus* several singular affections of the scalp, consisting of redness, scales, and finally crusts, are described by authors. By some they are considered as primarily a disease of the hair follicle; by others, and among them I believe Cazenave, as originating on the skin of the scalp, and involving the hair sheath as a secondary result. Sometimes it is seen arranged in segments of circles (porrigo scutulata), a form of ringworm —at other times the peculiar matter collecting around the hair so as to form an alveolar or cupped-shaped figure, known as the honeycomb ringworm, or the *favus dispersus* and *favus confertus*. The cause alleged for a disease which frequently becomes very formidable in consequence of the extensive alteration in the structure of the scalp, attended by hopeless loss of the hair, and disturbance to the general constitution, is a parasitic plant, the simplicity of organization being nothing but links of cells, as may be seen in Figure 9. Its propagation or contagiousness is explained by the transportation of these spores or seeds, each one being a perfect plant in itself, capable of unlimited multiplication. Mr. Wilson denies altogether the vegetable nature of the disease, but the weight of authority is against him. The disease is exceedingly rare in this country, though quite common in France.

Attempted Abortion and Death from Introduction of Air into the Veins.

By JOHN SWINBURNE, M. D.
Of Albany, N. Y.

Miss M. A. S., aged twenty-three, unmarried, was admitted to house No. 40, Franklin street, for the purpose of having an abortion procured, on or about the thirteenth of March.

It is ascertained that attempts were made, from day to day, to rupture the membranes with a blunt steel instrument. These efforts only produced slight inflammation, softening, and partial separation of the membranes and placenta.

On the evening of the twenty-sixth of March, Dr. J. H. Case was summoned in haste to the above mentioned house, where he found that the young woman had just died. An examination before the Coroner's jury the next morning, elicited, among other testimony, the following statements:

Dr. J. H. Case, sworn: Knows Mrs. Masten; was called to attend a patient at her house about six months ago; her given name is Oscillea; her ostensible business is an astrologist. The patient whom I visited six months ago was a young woman; she had inflammation of the womb. Was called by Miss Curry last night at 9 o'clock; said that Mrs. Masten wanted I should call as soon as possible, that a lady there had fainted and was very sick; went to 40 Franklin street, and found Mrs. Masten on the walk; she said she was glad I had come, as the woman was very bad, and she was afraid she was dead; she said it was only an india rubber that she was using, and that the deceased fell right back dead. Found a body lying on the bed very pallid, and dead to all appearances; Mrs. M. did not go in with me; thought it might be a case of suspended animation; gave her some stimulants, but they did her no good—she was dead; told Mrs. M. so, and she said, "Oh, Doctor, what shall I do?" The girl Curry then said, wringing her hands, "What shall *we* do?" I told Curry that they could nothing with her; Mrs. Masten said to her, "No, I am to blame; I shall

have to stand it." She again asked me what she must do; advised her to throw herself upon the mercy of the law; she asked me if I didn't think it best for her to try and escape; told her that it would be impossible if she undertook it; she also said it was a bad time for her, as she had no time to fight it out or money to escape; but that she expected some on Monday, and if she had that she would clear right out in half an hour; she again repeated that she didn't know how deceased came to die, as she could show me the instrument, and that it couldn't hurt her; went into the bed-room again, and another young lady said she thought deceased was reviving; wanted me to try and revive her; Mrs. Masten turned down the bedclothes and produced a gutta percha catheter. [The article was produced and identified.] She said that was the instrument she used, and that it could not hurt her; also, that it wasn't the one she generally used; that it was milder, and the girl's death surprised her; that while using it the patient, as she thought, fainted away; that she tried to fetch her to, and failing, had sent for me; think it was about nine o'clock when I got to her house; don't think that over fifteen minutes elapsed until I saw the deceased, after being called. Mrs. Masten indirectly asked me to loan her money to escape with; I found three or four young girls in the house when I first got there; one of them said that she had got through with her troubles, and that she thought it best for her to get away as soon as possible; asked her if she felt able, and Mrs. Masten said she was all right; suppose, from what I saw and heard, that all the young ladies were "in trouble;" think I know one of the young ladies I saw there; believe I prescribed for her some time since.

Assisted by Charles H. Porter, Professor of Chemistry, Dr. C. P. Staats, and my students, Messrs. Mosier and Covel, I made a postmortem examination fourteen hours after death.

The following detailed description is given for the benefit of medical readers.

External appearances of body natural, but very pallid. On cutting through the integuments into the cellular tissues, air was observed to issue from the divided veins in the form of a frothy fluid. On exposing the heart, its right cavities were found to be greatly distended with a spumous mixture of blood and air, and slight compression of the heart was seen to force out bubbles of air from the divided intercostal veins. A thorough examination showed that the jugulars, and the veins emptying into them, even to the small vessels of the brain, were all distended with air.

The uterus was found to be of a dark livid or maroon color at its lateral portions, and its veins and sinuses were so fully distended with air, as to give it the appearance of a bag of angle-worms. The sensation communicated to the touch was analogous to that of varicocele, with the exception that in the latter the tissues are soft, and distended with liquid, whereas in the case of this uterus the presence of air was unmistakeably manifested by its characteristic crepitus when the vessels were compressed by the finger.

The membranes of the ovum were entire, and contained a normal amount of amniotic liquor, and an apparently healthy female fœtus of about five months growth, presenting no appearance of decomposition, or any changes to indicate death of the fœtus at any period long prior to that of the mother.

On the internal surface of the membranes was a slight exudation of lymph, as from inflammatory action. Externally they were separated from the womb on its right latero-posterior surface, as was also the placenta in part. Beneath the lower border of the latter was an effusion of blood in the form of several small coagula.

The os and cervix were open to the extent of two lines, and filled with bloody mucus.

On examining the membranes and their contents, the internal surface of the womb exhibited the following appearances.

1. Slight softening of the tissues.
2. Several abrasions evidently not natural.
3. A perforation communicating directly with the uterine sinuses, about two inches from the cervix, and in the right latero-posterior region. This opening communicated directly with the veins of the broad ligament, and thus with the ascending cava. The direction of the perforation was parallel with the longitudinal axis of the uterus.

All the other organs of the body were in a perfectly healthy condition.

These post mortem appearances, conjoined with the description of the young woman's death, cannot be accounted for by any other cause than that of "air in the veins." Death occurred while the instrument was in the uterus, and was *immediate*, for the woman mistook *death* for *syncope*.

The point of interest in this case is as to the *manner* in which the air was introduced. Several deaths have been reported from ingress of air into the large veins of the neck, and even the subclavian is liable to the same thing under favoring circumstances, such as tension upon the vein from the subject's position during surgical operations, or by traction upon a tumor during excision, the vein being temporarily *canalized* or prevented from collapsing.

Under all circumstances, this canalization of a vein, or its conversion into a rigid tube, is the indispensible condition requisite for the intrusion of air. But this condition is inadmissible in the case of the uterine veins and ascending cava, from the nature of physical laws which govern the movements of the fluids in the body, no less than in inorganic matter.

In the twenty-second Vol of "Braithwaite's Retrospect," on page three hundred and nine, will be found an article by Dr. J. R. Cormack, in which is discussed the possibility of introduction of air into the venous system through the medium of the uterine veins immediately after parturition. He instances the experiments of Legallois upon animals, whereby that author became satisfied of the possibility of the intrusion of air in this way, and by analogy conjectured that many cases of death in the human subject might be accounted for in a similar manner.

He also quotes from Dr. Simpson of Edinburgh, who reports an autopsy of the body of a female who died after delivery, where the entrance of air through the uterine veins was conjectured to be the cause of death. The examination, conducted carefully, so as to exclude all apparent sources of error, resulted in the discovery that the lower cava, hypogastric, and uterine veins were distended with frothy blood and air.

Dr. Simpson also explains the manner in which air might be forced into the veins by the contractions of the uterus after having been filled with air which is not seldom the case. This organ being distended with air; the os tincæ being closed either by its own sphincter or by a coagulum of blood; the uterine veins being large and patulous, and the forcible contractions of the organ; these furnish, in his opinion the mechanism capable of accomplishing the fatal accident. (See Braithwaite's Retrospect, No. 19, page 262.)

In the present case no such conditions are furnished, and throwing aside the hypothesis of spontaneous ingress, we are compelled to fall back upon the presumption that the abortionist forcibly inflated the entire venous system, by means of the catheter introduced into the uterus, perforating its parietes, and in contact with the lacerated vessels of that organ.

And this presumption is strengthened by the fact that the opinion prevailed, at the time of the coroner's inquest, that abortion might be produced by inflating the space between the membranes and the womb.

The fact of forcible inflation is incapable of proof, there being no third person present at the time of death, and hence no witness. Absolute certainty can only be arrived at from the confession of the guilty woman herself.

Treatment of Itch, at the Hôpital St. Louis, Paris.

By Robert Bolling, M. D.,
of Philadelphia.

For many years, patients affected with itch were admitted into the wards of the Hôpital St. Louis, and there remained, in the time of Biett, as long as twelve days, and some even longer. As medical science progressed, the time of sojourn gradually decreased, but not until the time of M. Bazin, one of the present board of physicians, did the improvement become very marked—he succeeded in reducing the time to two days. M. Bazin employed the following treatment: On entering the house, the patient was ordered a bath; after

which, he was rubbed well from head to foot with the following ointment:

℞ Sulphuris precipitatum, 2 parts by weight.
Potassæ carbonatis, 1 " "
Adipis, 8 " " M.

The following morning early, a bath; after which, a second friction with the same ointment. Next morning, another bath, and the patient could be discharged as cured. This treatment failed only once in every hundred cases, and then because the frictions were not thoroughly made.

After many attempts, M. Hardy, another of the physicians of that Hospital reduced the treatment to two hours, thereby saving much time and inconvenience to the patient, and expense to the Hospital. The treatment employed by M. Hardy consists in making the patient commence by rubbing himself well with common brown turpentine soap for half an hour. This friction aids in removing dirt, and breaking up the "sillons," or little tracks or elevations of the epidermis that the acarus makes after entering. The point at which the insect entered, is generally known by the appearance of a vesicle, the "sillon" running off for a line or more. As the vesicle only was formerly searched for the acarus, it is clear to see why it was not found. After this, a bath of one hour, the patient being enjoined to rub himself well all the time, in order to complete the breaking up of the sillons, and also to soften the skin. After this, the patient is prepared for the same specific ointment employed by M. Bazin. This will be found invariably to kill the acarus, and hence cure the patient. Secondary eruptions may follow, but not being due to the presence of the acarus, they will be found to disappear under the use of a few simple baths. After the treatment is over, the patient must be advised to change his clothes as well as the sheets of his bed.

Itch is far more common in winter than summer, owing to the fact that more people crowd together, and sleep in the same beds; and also to the fear that certain people of the French nation have for cold water. In frictioning, be careful to rub well with the ointment the points of predilection of the insect — as hands, feet, perineum, penis, mamma, axilla, about the arms, popliteal space, etc. If the skin is much inflamed from scratching, or if there exists eczema or impetigo, employ emollients and an antiphlogistic treatment, before commencing the regular treatment for itch. At the Hôpital St. Louis, special clinics are held every Saturday from 9 to 11, and the patients are treated at once, and in two hours can be sent away cured. Five or six hundred patients are treated in this manner every month, and complaints of failure to cure are rare.

Areolo-Cutaneous Tuberculosis.

By J. R. McClung, M. D.,
Of Philadelphia.

In the month of May, 1857, I was called to attend professionally a little son, aged about seven years, of J—— J——, of Chester County, who was afflicted with a singular disease of the scalp. I found it entirely covered with tumors or tubercles, varying in size from that of a pea to that of a walnut. In the early stage they appeared to be hard, immovable, indolent, without change of color and almost entirely free from pain. But at a more advanced stage,—when the size of a marble or walnut, they became soft or semi-elastic, of a yellowish color and very painful, soon afterward opening in two or three small orifices, from which would be discharged a large quantity of thin yellowish matter,—after which there remained for many days an indolent, quaggy ulceration of the integuments without the least disposition to heal. Sometimes two or more of these tubercles or abcesses, being contiguous to each other, would, after having discharged their contents, blend together forming a quaggy patch three or four inches in diameter and at least one inch in thickness. The disease thus went on, *very many* of these tubercles passing through the stages of increment and decline, until the whole scalp was ultimately one thickened, quaggy, ulcerating surface, almost entirely devoid of hair. The boy's health, prior to the appearance of the disease, was very good, and in-

deed was so at this time, excepting a slight irritative fever. For constitutional treatment I placed my patient upon five-drop doses, three times per day, of the *Liquor potassæ arsenitis*, and in one week he began to manifest the constitutional effect of the medicine, when I discontinued its use and substituted the following prescription, which was taken during the whole subsequent treatment of this case:—

℞ Potass. iod. ʒij.
Iodinii ℈j.
Liquor. pot. arsinitis fʒij.
Aquæ dest. fʒj. M.

S.—Take five drops three times a day, in a little cold water, after eating.

The first *local* treatment consisted of lotions of sulphate of zinc, poultices of bread and milk, and the combined tar and sulphur ointments. These were continued for some days, without however producing any satisfactory result, when they were discontinued and the following was used:—

℞ Potass. iod. ʒij.
Iodinii ʒss.
Aquæ dest. fʒi. M.

S.—Apply with a feather, or soft brush, to the scalp twice a day.

This topical treatment was continued for one week with but little apparent benefit to the case, then succeeded by the following—"*Scott's Ointment:*"—

℞ Ung. hyd. fortioris ʒij.
Cerati saponis ʒij.
Camphoræ pulv. ʒij. M.

S.—Spread on lint and apply to the scalp once a day,—washing well with soap and warm water half an hour before each application.

This ointment proved entirely satisfactory, was continued, and in thirty days from its first application, the disease was cured. The patient has contined well ever since, and at this time, April 7th, 1859, the hair is in a great measure restored. Will some one of our medical friends be good enough to give us, if possible, a better or more appropriate name for the above case—for I do confess, although I have considerable experience in cutaneous and ulcerative diseases, that this was a stranger, and I gave it the best reception in my power, and named it according to its appearance and the tissues it involved.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

Service of Dr. Gerhard.

WEDNESDAY, APRIL 6TH.

Reported by T. A. Demmé, M. D.

Paralysis.—Loss of the power of motion generally occurs under the form of hemiplegia, paralysis of one side of the body; or of paraplegia, palsy of the lower half of the body. The former is most frequently met with, and almost always results from effusion of blood upon or into the brain: destruction of the brain substance, and pressure upon the brain, may also occasion the loss of power over one-half the body.

The patient is a boatman upon the Schuylkill river; he has been sick for two weeks, but the paralysis, according to the account of his friends, has existed only since last Sunday. It is not unfrequent to have paralysis suddenly occurring in those who are apparently in good health.

The right side, in this case, is affected, involving the corresponding side of the face; the mouth is drawn towards the side that is not paralyzed; his voice is husky, no doubt resulting from paralysis of the muscles of the larynx; the mind is dull and heavy, but not otherwise affected. There is no delirium; tongue dry, moderately coated; pulse somewhat strong; no appetite.

In the present case there has probably been effusion into the corpora striata or the optic thalami.

Treatment.—As he is young and strong, we directed cups to the nape of the neck, taking about 16 fluid ounces; with the object in view to draw the blood from the brain, we order purgatives, prefering in this case aloes.

Prognosis.—If the effusion is but moderate in quantity, as is probably the case, we can anticipate a complete recovery.

Scorbutus.—Young seaman, lately arrived from Europe, after a voyage of 58 days. He presents the usual symptoms of scurvy; swollen, spongy and ulcerated gums, offensive breath, and great lassitude and weakness; there is no eruption of the skin. There is some interest attached to this case, from the fact that during the voyage he was supplied with potatoes every other day. Now potatoes may

be looked upon as constituting one of the best anti-scorbutic medicines, but when boiled they are by no means so powerfully anti-scorbutic as when raw, and to this circumstance may be attributed the fact that the patient is now laboring under scurvy.

Scurvy is a disease of the blood, and to its improvement our remedies must be directed, and for this purpose the fresh vegetables and fruits, particularly spinage from the former, and the lemon from the latter, are emphatically adapted. Since the introduction of the use of these anti-scorbutics, we very seldom hear of the terrible visitations of scurvy, where in a few months many thousands were often cut off, in armies and garrisons. The memorable voyage of Lord Anson, in which more than eighty out of every hundred of the crews perished of scurvy, is familiar to almost every one.

Service of Dr. Gerhard.

APRIL 13TH.

Connection of Rheumatism and Endocarditis.—Those of our readers that follow the Reports from the Pennsylvania Hospital are aware of the fact that Dr. Gerhard lays it down as a rule, that in every case of acute rheumatism, we will find endocarditis, either preceding, or during, or following the arthritic inflammation; the following case is interesting, as illustrating if not confirming this view.

The patient, a young woman, was first under treatment for a double pleurisy, this was followed by a marked and decided *endocarditis*, but within the last few days the other end, so to speak, of endocarditis has been developed, namely, an attack of acute rheumatism. The particular symptoms of the endocarditis and of the rheumatism, it is not necessary for us to record, as a few weeks ago Dr. G. dwelt upon these subjects. The great interest of this case lies in the fact that an attack of pure uncomplicated endocarditis immediately preceded an attack of acute rheumatism. Whether or not the affection of the heart and the local disease were but different phases of the same constitutional disease, cannot be ascertained from an isolated case.

Service of Dr. Neill.

APRIL 6.

Fracture of the Rib and Pneumonia.—There are probably no bones of the human skeleton more frequently broken, and yet which more often unite without deformity and impairment of function, than the rib. Ununited fractures of the rib are very rare. There may, however, be complications that will greatly increase the danger of the patient, such as wounds of the pleura and lungs.

The diagnosis is not always easy by manipulation. Pressure on each rib gave no crepitus in this instance; but when the patient took a deep inspiration in changing his position, crepitus was felt distinctly by the hand. But even if there had been no crepitus the diagnosis would have been easily made on the succeeding day by the rational signs.

The attention of the class was called to the appearance of the patient as he lay upon the bed. His respiration was diaphragmatic and his face flushed; he had cough; deep inspiration gave pain, and his expectoration which was exhibited to the class in a saucer, was of a rusty color; there was pain in the side; percussion revealed the existence of pneumonic dullness upon the injured side.

The best treatment for fracture of the ribs, without hesitation, we pronounce to be the enveloping the chest on the wounded side with broad strips of adhesive plaster, extending from the sternum to the spine. The object of treatment is not merely to produce extreme accuracy of apposition of the broken fragments, or the removal of deformity by reduction, for the two intercostal muscles above and below prevent much deformity: but the great point is to keep the wounded ends at rest, in order that they may unite without causing any secondary injury to the pleura and lungs.

The respiration under this treatment becomes quite easy in a few days.

The pneumonia that this patient is laboring under is the consequence of a wound of the lungs from the sharp extremities of the fractured bone; this is, therefore, traumatic pneumonia. There is no difference in its pathology from that of idiopathic pneumonia. Traumatic pneumonia is more circumscribed, and affects but one lung. The treatment often pursued for idiopathic pneumonia is not demanded here; such as bleeding, cups, tartar emetic and calomel. The only treatment that we shall pursue as regards the pneumonia, is perfect rest and the use of anodynes.

Wound of the Skull.—This patient was a large, heavy man, who received a severe injury day before yesterday in consequence of falling down a flight of some 40 steps. His skull was fractured. The very words, fracture of the skull, implies great danger, but fortunately the fracture extended through the external table only. Compound fracture of the external table of the cranial vault is generally a simple injury, but sometimes may assume a very serious character, in consequence of abscesses forming in the vascular diploe.

There was also an extensive wound of the ear and a portion of the scalp. In wounds of the external ear the parts should be adapted and sutures used to unite the *skin*, but no attempt should be made to sew the cartilage.

In this instance, *lead sutures* were used. As far as this individual case is concerned, there is no doubt that the use of the metallic wire has been accompanied with very good results so far, the wounded

parts having united very rapidly by the first intention, but the patient is still in danger of mania-a-potu and erysipelas.

Wound of the Eye.—A little fellow was yesterday cut in the eye by a piece of glass, incising the cornea, emptying the chambers of the aqueous humor, and producing a hernia of the iris.

One of the most wonderful facts connected with the aqueous humor is its power of absorbing blood effused into the eyeball. In cases of injury to the eye, resulting in hemorrhage, and consequent opacity of the globe, in the course of 24 hours the eye again becomes perfectly clear and unobscured.

The iris has become entangled in the cut cornea. The symptoms of this accident are sometimes very severe.

The cut edges of the cornea have re-approximated sufficiently to allow the aqueous fluid to re-accumulate, and no escape take place.

Belladonna will be applied around the brow, to dilate the pupil, and thus prevent the permanent contraction of the pupil and the closing up of the pupil by effused lymph.

There will probably remain in the cornea a little black spot, which is nothing more than a minute portion of the iris, which has been caught between the lips of the wound. The term *Myocephalon* has been given to this protrusion of a portion of the iris through an opening in the cornea.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

WEDNESDAY EVENING, MARCH 9TH.

Dr. Coates, (President), in the chair.

Subject for Discussion—THE EVILS OF ARDENT SPIRITS AND TOBACCO, CONSIDERED IN THEIR MORAL, SOCIAL AND PHYSICAL INFLUENCES.

[Concluded from page 60.]

DR. NEBINGER said, as alcohol had been treated of at considerable length, he would pass it by with the declaration that, in his materia medica, it found an important place; and as the other part of the subject—tobacco—had not received any notice, he would for a time take it under his care. He was not aware who proposed the question for the evening's discussion, but would take this opportunity to say, whoever he was, he deserved the thanks of the society for inviting its discussion of a subject of so much importance as the "evils of tobacco, morally, socially and physically considered." The profession have a high and important duty to perform in instructing the public, by an exhibition of facts, of the pernicious influence of tobacco upon the human system. There could be but few questions agitated by this Society in which the health and vigor of all of the members of the civilized world are more interested than in that of the use of tobacco. It is high time that the profession should speak out and sound the alarm, in regard to the terrible health-destroying and mind-enfeebling work, that the use of tobacco is so successfully carrying on. In all directions can the well instructed physician see the wreck and ruin of mind and body produced by this weed. Tobacco is very properly classed as a sedative narcotic. Its influence on the animal economy is to lessen the activity and diminish the power of the brain and nervous system, upon whose healthful action largely depend the healthful manifestations of every organ of our bodies. The brain and nervous system distorted, the whole economy is perverted in its actions. Tobacco, then, being a sedative narcotic, its use diminishes the normal activity of the brain and nerve centres, and with that diminution, by necessity, there takes place diminished action of all the organs of the economy in the performance of their functions, and this diminished action constitutes positive disease. Who of us are not aware of the truthfulness of this, and yet how many of us use the opportunities which so often present themselves to instruct the public in regard to the baneful influence of tobacco? In very truth, do not some of us, by our practices, give encouragement to, and endorse the use of the weed. To witness the disturbance which the use of tobacco produces on the brain and nervous system, it will not do for us to observe its votaries when under its influence; we must withdraw them from its use for a short period, if we would discover the amount of brain and nerve disarrangement it gives rise to. "You, Mr. Chairman, no doubt have, as I have, upon more than one occasion, witnessed the marked mental and nervous disturbance which have presented when an habitual consumer of tobacco, one who has used it freely, has withdrawn from its use, in his honest effort to abandon it. I say, Mr. Chairman, you have witnessed how such, when not under the influence of tobacco, have suffered, and your pity and commiseration, as my pity and commiseration, have been excited for them. You have seen their hands as tremulous as are the hands of habitual drinkers, in the morning, before they have taken their accustomed drinks. You have seen how disturbed were their minds—unable to fix their attention, erratic in their conversation—their memories defective, restless and uneasy—their appetites lost or perverted—their dispositions changed, and that not for the better—unable to pursue with their accustomed energy their occupations—irritable, points as it were all over touching every body and touched by every body—and all this the sad work of tobacco. Then, sir, what shall we not say of tobacco as the fruitful parent of some of the most annoying and afflictive forms of disease? How much more often, perhaps, than all other causes, does the use

of tobacco give rise to dyspepsia, and all that terrible list of nervous annoyances which accompany it? How many epileptics may fairly trace the origin of their malady to the free use of tobacco? How often have we read in the reports of the chiefs of insane asylums, under the head of the causes of insanity, tobacco as one of them?

In my own professional walks I have met two unfortunate epileptics, the origin of whose sad affliction could be fairly traced to a large consumption of this poisonous weed—one of these the offspring of healthy parents in whom no such constitutional peculiarity could be traced, used tobacco to a great excess, chewing half a pound per week. This man's epilepsy progressed until his mind became impaired and an insane hospital became his home, where but a few weeks ago he died. The other epileptic is a poor laboring man. He was also an excessive chewer. He sought me for treatment of his fits. Believing tobacco to be their cause, I directed him to abandon its use, which he did; I placed him upon a treatment, a part of which was the administration of nervines, and I had the pleasure of seeing him after a long perseverance completely recover. I say completely recover, for several years have now rolled by and he has not had a return of the epilepsy. Dr. N. said he could scarcely express the degree of importance he attached to physicians casting the weight of their authority against the use of tobacco. But it will hardly do for us to teach the public that the use of this poisonous weed is calculated to enfeeble the mind and body, whilst we use it ourselves. We must back our teachings with example if we would be useful in such a work of reform.

Excessive use of tobacco, said Dr. N. perverts the appetite. May it not be that in some of those instances where we find the inveterate consumer of tobacco an inveterate drinker also, that the love of drink has had its origin in the perverted appetite produced by the use of the narcotic weed. If so, then in a moral point of view, it is the duty of the members of the profession to raise their voices and cry aloud against its use, not because of the only physical and mental debasement, but the moral degradation which springs up, the natural offspring of the use of tobacco.

As physicians in the pursuit of our calling, do we not often encounter, let me ask, said Dr. N, difficulties in securing the rapid and complete convalescence of some of our patients, such difficulties resulting from the use of tobacco? In illustration of this, permit me to remark, that but a short time ago, I had a patient, a convalescing patient, who presented nervous disturbances, the origin of which for a time was enveloped in much doubt, and his cure presented some difficulty, until I learned that for several days he had been smoking a pipe. This understood the secret of all the trouble was exposed. The pipe smoking was abandoned, and my patient in a little time entered upon a steady and permanent convalescence.

Dr. Remington was much pleased with the remarks of the last speaker, and could abundantly testify to their correctness. He had known a classmate at school, who was in the habit of using it freely, he was a small, stunted boy, stunted both in mind and body, with a very defective memory. Dr. R. regarded these things as the result of this vile habit. He was induced to think that its employment was in every sense pernicious. It impairs the tone of the stomach, thus being a great source of dyspepsia; then acting on the brain, it weakens the memory, and other faculties. He had known a case of insanity in the Friend's Asylum, and tobacco was set down as the cause. That it was highly injurious to life, health, and mental development, must be admitted by all, and to understand fully the great extent of its evil influences, we must take into view the millions who are daily using it. Scarcely any human being or animal can use it for the first time, without experiencing the most deadly sickness; nausea and vomiting are early symptoms, and even death has resulted. The use of a poultice of tobacco leaves to the abdomen, left on but half an hour, in one case, jeoparded the life of the patient. Of course, there was a difference in the susceptibility of patients. Injections of tobacco often depress the systems, and threaten the lives of those who employ them. It is almost impossible to give up its use, after the habit has been once contracted; so it is with all narcotics. They produce an unfavorable impression upon the nervous system, and one which it is almost impossible to relieve. Hence, they should be used with extreme caution, and their employment discouraged. With regard to alcohol as a medicine, he must admit its importance in fevers of a typhoid character, or where exhaustion has occurred. It causes food to be better retained by the stomach, and probably promotes digestion. As a drink, it has an exhausting effect. He quoted as an instance, mentioned by Parry in his Arctic explorations, the crew of a vessel who used alcohol; and even those who employed it in moderate quantities, could not endure the same amount of labor and fatigue, as those who had been strictly temperate.

Dr. Emerson said that the late Dr. E. Kane made the same remark in a conversation with him.

Dr. A. L. Kennedy regretted as the debate had taken so wide a range, that the subject of the *reform* of the *inebriate* had not been considered. In cases of *delirium tremens* he discarded the use of alcohol because he believed opium to be better, through its

immediate action as a remedial agent, and also in its *remote* action, as lessening the appetite for alcoholic drinks, and thus favoring the ultimate reform. The means of reforming the drunkard were now being discussed in this city, with the view of discovering the most effective, and of putting them in practice in an institution, or "Home" for inebriates. Eminent clerical advocates of temperance differed in their opinions of the propriety of establishing such an institution. Among medical men there was but one opinion, and that favorable. Could the "Home" be conducted on the principles of moral suasion? He thought not, but rather that coercive methods of treatment would be indispensable to success. He would, however, be pleased to learn the views of the members on the subject of the discipline, and also of the general treatment to be pursued.

DR. COATES' experience had been considerable on this point, as had been given on a previous occasion. The Pennsylvania Hospital was at one time a great asylum for inebriates, with the understanding that they could come out when they desired, as they had the legal right to do. He was under the conviction that it was out of the question to think of reforming them by moral suasion, or without the use of a lock to prevent them from getting liquor. He could quote several instances of men of superior ability and education, who were entirely beyond their own control in the ordinate use of means of intoxication. One was that of an individual, on whom a fine education had been bestowed by his friends, and who was bred to the connections and feelings of a gentleman, but who ran away from his friends to the British Navy. No length of abstinence, (for three years Dr. C. believed were tried,) nor a confidental station, and the most respectful treatment could give him the least self control when placed within reach of ardent spirits. Another, was that of a lady, a very refined woman, who had been accustomed to laudanum in enormous quantities. This was tapered off to total abstinence in the hospital, but although she was improved in the highest degree, and she had become ruddy, and grossly fat, she still declared that she should die if she did not get some laudanum. She was even glad to get a mixture, which was made for the purpose of deceiving her, and colored, and flavored with extract of quassia, so completely had her taste been misled, and the unsatisfactory feeling been confined to the mind or the brain. He would be very glad to find his views on this point to be incorrect, but did not think it possible. He did not think there could be a more humane act than this of establishing an institution for inebriates, and hoped most earnestly that it might fully succeed.

DR. CONDIE considered the subject of the proper organization of a house for the reformation of inebriates to be one of vast importance, and demanding much thought, and a series of inquiries as to the results of experience, in order to arrive at correct conclusions. He would advise that it be made the subject of a separate discussion, which would no doubt prove both interesting and instructive. The question might be put in this form: "the mode of conducting an asylum for inebriates, and the means to be employed to secure their permanent reform.

DR. EMERSON said that it appeared to him as if intemperance were summed up, in a contest between the *will* and the appetite. A craving is formed from the habit of occasionally taking ardent spirits, and the will is not competent to furnish the necessary resistance. If the appetite is restained for a sufficient length of time, by seclusion in such a home, this would afford the most rational ground of cure.

DR. BELL asked if the plans of the organizers proposed to dispense with medical attendance in such an asylum, for if so the result would be an entire failure.

DR. KENNEDY stated that the influence of tobacco on the mental powers was beginning to awaken attention in Europe. All who had pursued their medical studies in Paris, had observed the general prevalence of the habit of smoking among French students. He had learned that systematic inquiries, as to the effect of this habit on the minds of students of *L'ecole Polytechnique*, who were addicted to it, had resulted in the determination that their average collegiate standing was much less than that of students not so addicted. Like investigations, made at the Polytechnic College in this city (over which the speaker presides), had resulted in a similar conclusion. The studies of the Philadelphia School were believed to be quite as rigid as those of the French, and it was in the case of young men who were closely pursuing a severe course of study, especially mathematics and its applications to mechanics and engineering, that the effects of the use of this plant on the intellectual vigor could be best observed. The recent winter examinations at the Polytechnic College had shown too large a percentage in favor of those who neither chewed nor smoked, to permit the supposition that the difference was accidental. Nor could it be always said, that those who indulged in one or other of the above habits, were more convivial, and spent more time in society than those who did not. Dr. K. invited cooperation in the investigation of the effects of tobacco on the health of convalescents, and on the mental powers of young men just commencing its use. By this course, new, valuable and startling facts would probably be elicited.

DR. NEBINGER believed, that by a little reflection upon the effects of tobacco, it would strike us at once, that the legitimate effect of this weed would be to the development of just such facts as detailed

by Dr. Kennedy. It is a sedative narcotic, its influence by necessity is to control the action of the brain, to diminish its force and power, and if these effects should be continued for a series of years, in the end the tobacco consumer must be rendered more unable to accomplish great mental achievements than he would otherwise have been easily able to have performed. Tobacco is to the brain of one addicted to its use, what the small wooden shoe is to the feet of the Chinese women; it prevents its expanse and growth. If these inquiries, such as those referred to by Dr. Kennedy, were pushed, he would predict that facts would be piled upon facts to show that its influence upon the brain is to gradually diminish its activity and weaken its power.

Dr. Bell, in reply to Dr. Kennedy, would say that the annals of temperance contain numerous cases of such reform. Others must have come within the knowledge of the members of this Society. He might refer, among other historical examples, to the eminent Mr. Wirt, Attorney General of the United States. The change must, from the imperative demands of appetite long indulged, be a difficult one, and hence the importance and necessity of all the aid, to be furnished in a suitable asylum, of which moral suasion is not by any means the only, or the most reliable one; the most suitable or healthy for a diseased appetite.

Adjourned.

Editorial.

REGULATIONS FOR ADMISSION AND PROMOTION IN THE MEDICAL DEPARTMENT OF THE NAVY.

Navy Department, August 1, 1857.

It is prescribed by law that no person shall be appointed in this branch of the service who has not been examined and found qualified by a board of Naval Surgeons, designated by the Secretary of the Navy.

A board of Naval Surgeons will be assembled annually, at such place as may be indicated by the Department, usually about the close of the lecture season of the colleges, for the examination and selection of candidates for admission into the Medical Corps of the Navy, as well as for the examination of Assistant Surgeons who may be candidates for promotion.

Application for permission to attend the examination for admission to the Medical Corps of the Navy must be addressed to the Secretary of the Navy, stating the age and residence of the applicant, and be accompanied by respectable testimonials of his possessing the moral and physical qualifications requisite for filling creditably the responsible position of a Medical Officer of the Navy.

The application of no one will be considered who is under twenty-one or over twenty-five years of age.

The permission will state the time and place of the meeting of the board.

The board rigidly scrutinizes the physical qualifications of each candidate, as well as his moral, mental, and professional fitness for the Naval Service; and reports favorably upon no case admitting of a reasonable doubt, as the health and the lives of the officers and men of the Navy are objects too important to be entrusted to ignorant or incompetent persons.

The board reports the relative merit of the candidates as shown by the examination; and appointments will be made in the Navy as vacancies may occur, in the order in which they may be reported by the board.

No qualified candidate will be held over for appointment beyond one year; if not appointed within that time, it will be necessary for the candidate to be re-examined, when he will take position with the class last examined.

Physical examination will precede the professional; no candidate not physically qualified for the active duties of the service, will be examined professionally. The board will make a separate report in each case, of the physical condition, *direct* to the Department, to be placed on file with the testimonials of the candidate.

No allowance is made for the expenses of persons undergoing these examinations, as they are indispensable prerequisites to appointment.

After five years' service in the Navy, at least two years of which shall have been passed "on board a public vessel of the United States at sea," Assistant Surgeons shall be entitled to an examination for promotion.

In order that the relative position of Assistant Surgeons of the same date, who shall be examined for promotion at different times, may be more readily determined, a majority of the members of the board will be selected, if practicable, from those who served on the next preceding board.

Assistant Surgeons, who are candidates for promotion, shall present to the board testimonials of correct deportment and habits of industry from the Surgeons with whom they have been associated on duty; also, a journal

of Practice, or Case-Book, in their own handwriting. They are expected to be familiar with all the details of duty specified in the "Instructions for the government of Medical Officers."

Any Assistant Surgeon who shall fail to present himself for examination after he has been ordered, (unless for reasons which may be satisfactory to the Department,) or who, after examination, shall be reported by the board as "not qualified" for promotion, shall be dropped from the list of Officers of the Navy.

ISAAC TOUCEY,
Secretary of the Navy.

COMPENSATION.—The pay of Assistant Surgeons and Surgeons is established by act of Congress, approved on the 3d March, 1835, and is as follows:

Assistant Surgeons.

Waiting orders, - - - -	$650 00
At sea, - - - - -	950 00
After passing and found qualified for promotion to surgeon, -	850 00
At sea, - - - - -	1,200 00
When stationed at navy yards, hospitals, rendezvous, and receiving ships, - - -	950 00
After being passed, and stationed as above, - - - -	1,150 00

Surgeons.

[1]For the first five years after the date of his commission, - -	1,000 00
For the second five years, - -	1,200 00
For the third five years, - -	1,400 00
For the fourth five years, - -	1,600 00
After he shall have been commissioned as a Surgeon twenty years and upwards, - -	1,800 00

All Surgeons of the Navy under orders for duty at navy yards, receiving vessels, rendezvous, or naval hospitals, shall have an increase of one-fourth of the foregoing amount of their respective annual pay, from the date of their acceptance of such orders.

All Surgeons of the Navy, ordered as Fleet Surgeons, shall have an increase of one-half of their respective annual pay, from the date of their acceptance of such orders.

[1] SECTION 7 OF ACT OF AUGUST 3, 1848.—*And be it further enacted*, That in calculating for the pay of Surgeons, hereafter, the time upon the graduated scale of pay shall be reckoned from their original entry into the service.

In addition to the above, Surgeons and Assistant Surgeons are allowed one ration [or 25 cents] per day when attached to vessels for sea service, and ten cents per mile for travelling expenses, if under orders of the Department.

The preceding is a copy of the "Regulations" which govern the admission of candidates into the medical corps of the navy, as well as the promotion of assistant surgeons. Members of the profession who carefully peruse this document will be able to appreciate the pecuniary value of the position, comparatively with that of well educated practitioners in private life, either in cities or rural districts. Besides the solid emoluments, we have to consider the gratification and advantages which flow from visiting foreign countries under favorable circumstances. To the young and ardent these are important considerations, especially if they be without sufficient capital to commence business at home. It is too frequently forgotten that capital is needed by the young physician seeking to establish a practice. He needs enough to maintain him comfortably during four or five years, as a gentleman; for who that can pay will employ a young doctor, out at the elbows, and without a horse and vehicle, while he can obtain the services of a well dressed, experienced member of the profession, possessed of all the appliances necessary to enable him to discharge his duties promptly.

While considering the inducements to enter into the service of the Government, it might be well to look at some of the drawbacks incident to the career.

By reference to the Navy Register it will be perceived, that gentlemen serve about thirteen years in the capacity of assistant surgeons prior to promotion; that the youngest fleet surgeon on the list has been thirty years in the navy; and of the sixty-nine surgeons, *only six* are receiving the highest rate of pay, as fleet surgeons. Is it true that a thoroughly qualified practitioner cannot expect, after devoting the best thirty years of his life in the exercise of his profession, a higher rate of "compensation" than is given by the Government to the fleet and other surgeons in the

navy? Is the pecuniary reward of the profession so very small that its members can be attracted by the preceding scale of pay to submit to a careful scrutiny of their qualifications, and then expose themselves to the dangers of the sea, the hazards of battle, and the influences of climate on health, and years of separation from family and home? Surely, the five or six hundred graduates who yearly issue from the medical schools of the Union believe, individually, that thirty years of devotion to professional duties will secure better circumstances than those promised by the Government! Can we suppose that no better inducements than those are sufficient to call thousands of well educated, "talented" young men into the profession every year!

Pecuniary gain cannot be the lure which attracts votaries to the temples of medicine, if this scale of "compensation" for medical services in the navy be a just criterion of their usual value everywhere throughout the Union! The Engineers—those whose duty is to manage and manipulate the marine engines on board of steam ships of war—receive from $1,200 to $2,000, and the Assistant Engineers from $400 to $1,000. And they have the same nominal rank as medical officers and pursers. The pay of pursers is from $1,000 to $3,500 a year. These officers are far from being overpaid for the responsibilities they incur, and the labors they undergo in their respective vocations. Men who have acquired such a profession as that of medicine ought surely to receive as much for their services as the most expert machinist or book-keeper. But they do not.

Look for illustration of the point, through this great city, and see how many of the comfortable residences have been acquired, and are owned through profits accruing from the honest practice of medicine and surgery? Luckily, Doctors are sometimes the recipients of patrimonial estates, and are well off in wordly goods; but we find few who are so, exclusively from professional toils. Yet, admitting the comparatively low value of the medical profession, its members in the navy are meanly compensated; and if we are to credit one of the number, whose recent work (entitled "Faukwei; or the San Jacinto in the Seas of India, and China, and Japan, by William Maxwell Wood, M. D., U. S. N., late Surgeon of the Fleet, to the United States East India Squadron," etc.,) has suggested these remarks, they are more meanly considered in other respects. Speaking of his condition and position on board ship, in the thirtieth year of his service, he says:

"I sat in my *state room*. It was the Surgeon's room—the fourth one—the last but one back on the port side. The Chief Engineer, the Master, the Purser, were all ahead of me, although in age and service I was by much the oldest officer in that mess; and, except the Commander-in-Chief, the oldest in age in the ship. At this time I am in my thirtieth year of service; and twenty-nine years ago as acting surgeon of a sloop-of-war, I inhabited the same relative cell. Time and service had brought no change of position, of privileges, of physical comfort in my shipboard life. I was worse off; then there were youth and hope to buoy me over annoyances, and my companions were of congenial years; now I was alone, those of my original associates who were left—and they are but few—as captains and commodores were separated from me by duties, rank and distant stations. Of the occupants of the nine state-rooms besides my own, all, save one, were strangers to me. The difficulty of forming social intimacies increases with years; and I could not expect the tastes, sympathies or conversation of those so much younger than myself to accord with my own. I had now the high sounding title of the 'Surgeon of the Fleet,' with its real duties and responsibilities, but this was simply a gilded cap upon my head, while I was left shivering in the tatters of the old garments of my youth and more humble position."

Probably only those who have had the experience can appreciate the disgust or dissatisfaction which inures to occupying the same position for thirty years in a military community in which all are advancing with time to a continuously improving condition, in one respect or another, independently too of individual merit or effort. It is an advantage of line officers to be constantly advancing from the post of subordination to that of command, enjoying at every step in advance an increase of comfort and gratification, while those of the

staff-corps remain subordinate always, (which is necessarily so,) and without any compensation of any kind whatever accruing to them from prolonged service.

Those who would be informed more fully on the subject are referred to Dr. Wood's very sprightly and entertaining volume. Our limits forbid our making further extracts or remarks.

Medical News.

Hirschfeldt the Chef de Clinique de'l Hôtel Dieu, and great writer on the nervous system, with whose magnificent work on the anatomy of the nerves every anatomist is familiar, has been lately appointed Professor of Anatomy in the Imperial Academy of Warsaw.

The appointment is a deserved one, and is remarkable from the fact that it is the first instance of a Jew being allowed to hold office in Russia. The position was first offered to him on condition of his becoming connected with the Greek Church, which he refused, but on unanimous recommendation of the University, the condition was waived.

Mrs. Ann Martin, a wealthy huckster of Detroit, has donated to that city landed property to the value of $20,000 for use as a Free Hospital.

A Naval Medical Board, consisting of Surgeons W. S. W. Ruschenberger, L. B. Hunter, G. D. Miller, and Passed Assistant Surgeon, G. H. Howell, is in session at the Naval Asylum in this city, engaged in the examination of candidates for admission into the medical corps of the navy. We learn that it will probably continue to sit three or four weeks longer.

MARRIAGES.

BATEMAN—BATEMAN.—On the 7th inst., by Rev. Charles F. Diver, Dr. Robert M. Bateman to Nellie H. only daughter of Dr. E. E. Bateman, all of Cedarville, N. J.

GREEN—MILLS.—In Lawrenceville, Pa., April 13th, by Rev. Sidney Mills, Dr. Wm. Green, of Scranton, Pa., to Miss Kate H., daughter of the officiating clergyman.

HOWELL—NEILL.—In this city, on the 13th inst., by Rev. Dr. W. Neill, Samuel B. Howell, M. D., to Maria E., youngest daughter of the officiating clergyman.

J. M. MIGEOD,

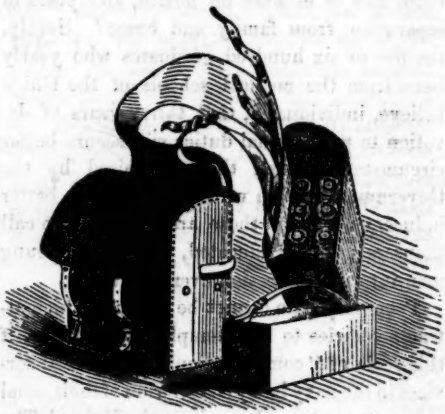
MANUFACTURER OF

MEDICAL SADDLE BAGS, MEDICINE TRUNKS, &c.,

No. 27 South Eighth St., Second Story,

Entrance on JAYNE ST., (formerly Lodge Alley,)

PHILADELPHIA.



Flat Pattern, with Pockets in Front, and Black Patent Leather Flaps.

No. 1, containing 12 1 oz. Ground Stop. Bottles and 12 ½ oz. " " $9 50
No. 2, containing 10 1 oz. " " and 10 ½ oz. " " 8 50
No. 3, containing 8 1 oz. " " and 8 ½ oz. " " 7 50

Box Pattern, with Trays to Lift Out.

No. 4, containing 24 1 oz. Ground Stop. Bottles, $10 50
No. 5, " 20 1 oz. " " 9 50
No. 6, " 16 1 oz. " " 8 50

Pattern with Drawers in Ends.

No. 7, containing 24 1 oz. Ground Stop. Bottles, $10 50
No. 8, " 20 1 oz. " " 9 50
No. 9, " 16 1 oz. " " 8 50

Flat Top Medicine Trunks, made of Russet Bridle Leather.

No. 1, containing 27 1 oz. Ground Stop. Bottles,
" " 18 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $19 00
No. 2, containing 21 1 oz. Ground Stop. Bottles,
" " 14 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $15 50
No. 3, containing 18 1 oz. Ground Stop. Bottles,
" " 10 ½ oz. " " and
" " 4 Pots, " " $12 00
No. 4, containing 20 1½ oz. Ground Stop. Bottles and
" " 2 Pots, " " $8 50
No. 5, containing 15 1 oz. Ground Stop. Bottles, $6 50

Round Top Medicine Trunk, Made of Russet Bridle Leather.

No. 1, containing 9 1½ oz. Ground Stop. Bottles,
" " 18 1 oz. " "
" " 18 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $20 00
No. 2, containing 7 1 1½ oz. Ground Stop. Bottles,
" " 14 1 oz. " "
" " 14 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $16 50
No. 3, containing 14 1 oz. Ground Stop. Bottles,
" " 14 1½ oz. " " and
" " 4 Pots, " " $13 00

126 y